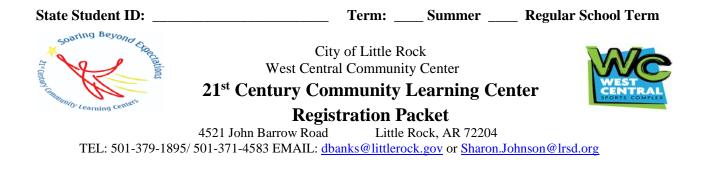
State Student ID:	Term: Summer Regular School Term		
4521 John	City of Little Rock West Central Community Center <b>ntury Community Learning Center</b> <b>Registration Packet</b> Barrow Road Little Rock, AR 72204 83 EMAIL: <u>dbanks@littlerock.gov</u> or <u>Sharon.Johnson@lrsd.org</u>		
PLEASE PRINT	LEGIBLY AND COMPLETE ALL SECTIONS		
DATE:			
1. STUDENT'S INFORMATION:			
Name (First, Last):			
Email Address:			
Street Address:			
City:	State: Zip:		
Home Phone:	Date of Birth:		
Age:0	Brade entering this fall:		
School Attending:			
Gender:	Primary Language		
🖵 Male	□ English		
□ Female	□ Other		
	□ Spanish		
Ethnicity.	Lunch Status		

	I	
Ethnicity:	Lunch Status	
American Indian	G Free	
Asian	Reduced	
□ Black, or African-American (not of	Unknown	
Hispanic Origin)		
Hispanic		
Pacific Islander		
Two or More Races		
□ White (not of Hispanic Origin)		

List all Allergies and Dietary Restrictions: (attach additional sheet if needed)

State Student ID: _	Term: Summer Regular School Term
State Student ID:	City of Little Rock West Central Community Center 21 <sup>st</sup> Century Community Learning Center Registration Packet
	4521 John Barrow Road Little Rock, AR 72204 1895/ 501-371-4583 EMAIL: <u>dbanks@littlerock.gov</u> or <u>Sharon.Johnson@lrsd.org</u>
2. PARENT/GUARI	DIAN INFORMATION:
Check this box	t if the address and home phone are the same as yours.
NOTE: All corresponde	ence will be sent to this person
Name (First, Last):	
Email Address:	*please be sure that your
email address is valid.	You will receive all correspondence at this email.
Street Address:	
City:	State:Zip:
Home Phone:	Work Phone:
Cell Phone:	Relationship to Student:
	No (circle one)
Custodial Parent: Yes	No (circle one) lian #2 Information:
Custodial Parent: <b>Yes 3. Parent # 2/Guard</b> (Note: all corresponden Name (First, Last):	
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Street Address:	tian #2 Information: ce will be sent to the parent/guardian named above)
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Street Address: City:	lian #2 Information: ce will be sent to the parent/guardian named above)
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Street Address: City: Home Phone:	lian #2 Information: ce will be sent to the parent/guardian named above)
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Street Address: City: Home Phone:	lian #2 Information: ce will be sent to the parent/guardian named above)
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Street Address: City: Home Phone: Cell Phone: Custodial Parent: Yes	lian #2 Information: ce will be sent to the parent/guardian named above)
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Street Address: City: Home Phone: Cell Phone: Custodial Parent: Yes Should be con	Iian #2 Information:         ce will be sent to the parent/guardian named above)
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Street Address: City: Home Phone: Cell Phone: Custodial Parent: Yes Should be com 4. Emergency Contact	tian #2 Information: 
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Email Address: Street Address: City: Home Phone: Cell Phone: Custodial Parent: Yes	tian #2 Information: ce will be sent to the parent/guardian named above) 
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Email Address: Street Address: City: Home Phone: Cell Phone: Custodial Parent: Yes	ian #2 Information: ce will be sent to the parent/guardian named above) 
Custodial Parent: Yes 3. Parent # 2/Guard (Note: all corresponden Name (First, Last): Email Address: Email Address: Street Address: City: Home Phone: Cell Phone: Custodial Parent: Yes	ian #2 Information:         ce will be sent to the parent/guardian named above)



## 5. PARENTAL CONSENT TO TREATMENT / ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I hereby authorize the City of Little Rock and West Central Community Center and its Directors to provide routine health care, administer medications as ordered by a physician, obtain emergency medical treatment including radiology and laboratory studies, and arrangement of transportation in cases of emergency. I agree to the release of any records necessary for medical treatment or insurance purposes. I consent to allow the physician selected by the City of Little Rock and West Central Community Center and its Directors to secure and administer treatment, including hospitalization for the minor named above.

Parent Signature\_\_\_

PRINT NAME\_

I understand these risks and release the City of Little Rock (CLR) West Central Community Center and the directors, trustees, officers, volunteers and employees of the /21st Century Community Learning Center-West Central Community Center, from all liability for damages or injuries resulting from negligence.

The 21<sup>st</sup> Century Community Learning Center - West Central Community Center (CLR), is not responsible for lost, stolen, or damaged personal articles.

I authorize the CLR to have and use photographs, slides, videos, and comments of the person(s) named on this application as needed in promotional materials and public relations programming.

I individually and corporately agree to hold harmless, City of Little Rock, its volunteers, agents, employees and officers irrespective of any negligent act or omission by the 21<sup>st</sup> Century Community Learning Center – West Central Community Center and/or those individuals arising from or related in any way to the CLR and the 21<sup>st</sup> Century Community Learning Center - West Central Community Center program.

Parent Signature		
PRINT NAME_	 	 